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# TRANSMITTAL FORM

*(to be used for all correspondence after initial filing)*

|  |   |                        |                        |
|--|---|------------------------|------------------------|
|  |   | Application Number     | 10/596,117-Conf. #2301 |
|  |   | Filing Date            | May 31, 2006           |
|  |   | First Named Inventor   | Matthew R. Radmer      |
|  |   | Art Unit               | 1625                   |
|  |   | Examiner Name          | D. Margaret Seaman     |
| Total Number of Pages in This Submission | 3 | Attorney Docket Number | C1271.70039US01        |

## ENCLOSURES (Check all that apply)

|   |   |  |
|---|---|--|
| <input type="checkbox"/> Fee Transmittal Form                             | <input type="checkbox"/> Drawing(s)                                       | <input type="checkbox"/> After Allowance Communication to TC   |
| <input type="checkbox"/> Fee Attached                                     | <input type="checkbox"/> Licensing-related Papers                         | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  |
| <input type="checkbox"/> Amendment/Reply                                  | <input type="checkbox"/> Petition   | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)                                    |
| <input type="checkbox"/> After Final                                      | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Proprietary Information   |
| <input type="checkbox"/> Affidavits/declaration(s)                        | <input type="checkbox"/> Power of Attorney, Revocation                    | <input type="checkbox"/> Status Letter   |
| <input type="checkbox"/> Extension of Time Request                        | <input type="checkbox"/> Change of Correspondence Address                 | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):<br><br>Response to Restriction Requirement |
| <input type="checkbox"/> Express Abandonment Request                      | <input type="checkbox"/> Terminal Disclaimer                              |  |
| <input type="checkbox"/> Information Disclosure Statement                 | <input type="checkbox"/> Request for Refund                               |  |
| <input type="checkbox"/> Certified Copy of Priority Document(s)           | <input type="checkbox"/> CD, Number of CD(s) _____                        |  |
| <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application   | <input type="checkbox"/> Landscape Table on CD                            |  |
| <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 |   |  |
| <input type="checkbox"/> Remarks  |   |  |

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

|              |                                |          |        |
|--------------|--------------------------------|----------|--------|
| Firm Name    | WOLF, GREENFIELD & SACKS, P.C. |          |        |
| Signature    | /C. Hunter Baker/              |          |        |
| Printed name | C. Hunter Baker, M.D., Ph.D.   |          |        |
| Date         | July 14, 2010                  | Reg. No. | 46,533 |

### Certificate of Electronic Filing Under 37 CFR § 1.8

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4).

Dated: July 14, 2010

Electronic Signature for Trish McDonald: /Trish McDonald/